



Town of North Hampton Voluntary Lot Merger Form -- Page 1

Form: PB13

As provided for in NHRSA §674:39-a, the undersigned applicant requests that the Town of North Hampton, New Hampshire, hereby merge the following parcels of land for the purposes of being assessed and treated for regulatory purposes as a single tract or parcel of land:

Name of record owner(s) (must be identical for all lots consolidated):

Mailing address of owner(s):

The following existing parcels are to be consolidated into a single parcel:

<u>Map and Lot #</u>	<u>Street Address</u>	<u>Deed References</u>		
		<u>Plan #</u>	<u>Book</u>	<u>Page</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

It is a condition of this lot merger that each of the above parcels shall (i) not be subject to separate liens or mortgages, or (ii) any such liens apply equally to all parcels merged. By signing below, the owner(s) certifies as to the facts of either (i) or (ii) above.

Dated: _____

Signature of Owner

Printed Name of Owner



Town of North Hampton
Voluntary Lot Merger Form -- Page 2

Form: PB13

By signing below, the owner(s) agrees that (i) this request is subject to approval of the Planning Board* to assure such merger does not create a violation of the current zoning ordinance or subdivision regulations, (ii) that upon approval, a copy of this agreement shall be recorded in the Rockingham County Registry of Deeds, and (iii) subsequent to the approval of this agreement, the owner(s) shall not separately convey or encumber any of the previously existing parcels. Any attempt to separately convey any parcel or part of a parcel submitted hereunder shall require subdivision approval from the Planning Board.

Dated this _____ day of _____, 20_____.

Owner's Signature

Owner's Signature

Printed Name of Owner

Printed Name of Owner

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(For municipal use only)

By signature below, the application has been reviewed by the Planning Board* and the lot merger shall not result in a violation of the current zoning ordinance or subdivision regulations.

Date: _____

Planning Board Chairperson*

By signature below, this request has been approved by the Town Administrator, or designee, who assigned the following tax map and lot number to the resulting parcel: Tax Map #:_____ Lot #:_____

Date: _____

Town Administrator/designee

Applicant must file two duplicate originals. Please type or print legibly in black ink. One original shall be retained in Tax Assessor's files. One original shall be forwarded to the Rockingham County Registry of Deeds for recording upon approval. Recorded copy shall be returned to Owner(s).

*Or the Building Inspector, to whom the Planning Board may delegate this responsibility.